

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO.		FILING DATE						
							APPLICANT(S)								
CLAIMS							*		*						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1														
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47															1
48															1
49															1
50															1
TOTAL IND.	3														1
TOTAL DEP.	22														1
TOTAL CLAIMS	25														1